

**BEST AVAILABLE COPY**  
ISSUE SLIP STAPLE AREA (or add lines, cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	✓	668161	4/15/98
O.I.P.E. CLASSIFIER		8	4-198
FORMALITY REVIEW	✓S	71533	5/5/98

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
-	(Through numeral)	A	Appeal
+	Cancelled	O	Objected
	Restricted		

Claim	Date		Claim	Date		Claim	Date	
Final	Original	1	Final	Original	1	Final	Original	1
Original	1	2	Original	1	2	Original	1	2
1	✓	3	1	✓	3	1	✓	3
2	✓	4	2	✓	4	2	✓	4
3	✓	5	3	✓	5	3	✓	5
4	✓	6	4	✓	6	4	✓	6
5	✓	7	5	✓	7	5	✓	7
6	✓	8	6	✓	8	6	✓	8
7	✓	9	7	✓	9	7	✓	9
8	✓	10	8	✓	10	8	✓	10
9	✓	11	9	✓	11	9	✓	11
10	✓	12	10	✓	12	10	✓	12
11	✓	13	11	✓	13	11	✓	13
12	✓	14	12	✓	14	12	✓	14
13	✓	15	13	✓	15	13	✓	15
14	✓	16	14	✓	16	14	✓	16
15	✓	17	15	✓	17	15	✓	17
16	✓	18	16	✓	18	16	✓	18
17	✓	19	17	✓	19	17	✓	19
18	✓	20	18	✓	20	18	✓	20
19	✓	21	19	✓	21	19	✓	21
20	✓	22	20	✓	22	20	✓	22
21	✓	23	21	✓	23	21	✓	23
22	✓	24	22	✓	24	22	✓	24
23	✓	25	23	✓	25	23	✓	25
24	✓	26	24	✓	26	24	✓	26
25	✓	27	25	✓	27	25	✓	27
26	✓	28	26	✓	28	26	✓	28
27	✓	29	27	✓	29	27	✓	29
28	✓	30	28	✓	30	28	✓	30
29	✓	31	29	✓	31	29	✓	31
30	✓	32	30	✓	32	30	✓	32
31	✓	33	31	✓	33	31	✓	33
32	✓	34	32	✓	34	32	✓	34
33	✓	35	33	✓	35	33	✓	35
34	✓	36	34	✓	36	34	✓	36
35	✓	37	35	✓	37	35	✓	37
36	✓	38	36	✓	38	36	✓	38
37	✓	39	37	✓	39	37	✓	39
38	✓	40	38	✓	40	38	✓	40
39	✓	41	39	✓	41	39	✓	41
40	✓	42	40	✓	42	40	✓	42
41	✓	43	41	✓	43	41	✓	43
42	✓	44	42	✓	44	42	✓	44
43	✓	45	43	✓	45	43	✓	45
44	✓	46	44	✓	46	44	✓	46
45	✓	47	45	✓	47	45	✓	47
46	✓	48	46	✓	48	46	✓	48
47	✓	49	47	✓	49	47	✓	49
48	✓	50	48	✓	50	48	✓	50

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)